

City of Goodyear
Group Project/Special Event Volunteer Waiver



Parental/Guardian Consent for Volunteer under the age of 18

1. Please print parental/guardian consent form.
2. Have your parent or guardian complete and sign the form.
3. Submit the form to Judi Switanek via email at judi.switanek@goodyearaz.gov, by fax at 623.882.7756, or in person before the start of the project or event.

In consideration of the opportunity afforded _____(Name of child) to assist as a volunteer in the _____, and in light of the aims and purposes of the community service provided by the Program, I give my consent for my child to participate in the Project.

I, on behalf of my child and myself, agree to the terms and conditions contained herein such that all understandings, releases, waivers, and other agreements shall be binding upon me and my child with respect to the participation of my child in the Project. Without limiting the generality of the foregoing, I, on behalf of my child and myself, do hereby release and forever discharge and hold harmless the City of Goodyear, its officers, agents and assigns, and its members, officers, agents and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's activities as a volunteer with respect to the Project.

I hereby grant and convey to the City of Goodyear all rights, title, and interest in any and all photographic images and video or audio recordings made by the City of Goodyear during the volunteer's activities with respect to the Program, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

PARENT/GUARDIAN (Undersigned has read the above and understands this waiver.)

Signed this _____ day of _____, 20____.

Parent Name (Signature): _____ (Print) _____

Parent Name (Signature): _____ (Print) _____

Address: _____

Phone: _____ Email: _____

In the event that I cannot be reached in an emergency, the following person is authorized to act on my behalf with respect to my child:

Name (print): _____

Relationship to Child: _____

Phone Number(s): _____

Thank you for Volunteering!

City of Goodyear
ATTN: Judi Switanek
190 N. Litchfield Rd.
Goodyear, Arizona 85338
623.882.7807
FAX: 623.882.7756